

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/787888 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	8		1			
5	8		1			
6			1			
7	1		1			
8	1		1			
9			1			
10	8		1			
11	8		1			
12			1			
13	1		1			
14			1			
15	1		1			
16	8		1			
17	8		1			
18			1			
19	1		1			
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TOTAL IND.			2			
TOTAL DEP.		↔	19	↔		↔
TOTAL CLAIMS			21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.				↔		
TOTAL DEP.				↔		↔
TOTAL CLAIMS				↔		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831